



Leptospirosis

County _____

LHJ Use ID _____

☐ Reported to DOH

Date ____/____/____

LHJ Classification

☐ Confirmed

☐ Probable

By: ☐ Lab ☐ Clinical

☐ Epi Link: _____

☐ Outbreak-related

LHJ Cluster# _____

LHJ Cluster

Name: _____

DOH Outbreak # _____

REPORT SOURCE

LHJ notification date ____/____/____

Reporter (check all that apply)

☐ Lab ☐ Hospital ☐ HCP

☐ Public health agency ☐ Other

OK to talk to case? ☐ Yes ☐ No ☐ Don't know

Investigation
start date: ____/____/____

Reporter name _____

Reporter phone _____

Primary HCP name _____

Primary HCP phone _____

PATIENT INFORMATION

Name (last, first) _____

Address _____ ☐ Homeless

City/State/Zip _____

Phone(s)/Email _____

Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Name: _____

Zip code (school or occupation): _____ Phone: _____

Occupation/grade _____

Employer/worksite _____ School/child care name _____

Birth date ____/____/____ Age _____

Gender ☐ F ☐ M ☐ Other ☐ Unk

Ethnicity ☐ Hispanic or Latino

☐ Not Hispanic or Latino

Race (check all that apply)

☐ Amer Ind/AK Native ☐ Asian

☐ Native HI/other PI ☐ Black/Afr Amer

☐ White ☐ Other

CLINICAL INFORMATION

Onset date: ____/____/____ ☐ Derived

Diagnosis date: ____/____/____

Illness duration: ____ days

Signs and Symptoms

Y N DK NA

☐ ☐ ☐ ☐ **Fever** Highest measured temp (°F): _____
☐ Oral ☐ Rectal ☐ Other: _____ ☐ Unk

☐ ☐ ☐ ☐ **Headache**

☐ ☐ ☐ ☐ **Chills**

☐ ☐ ☐ ☐ **Muscle aches or pain (myalgia)**

☐ ☐ ☐ ☐ Joint pain

☐ ☐ ☐ ☐ Fatigue

☐ ☐ ☐ ☐ Malaise

☐ ☐ ☐ ☐ Confusion

☐ ☐ ☐ ☐ Depression

Hospitalization

Y N DK NA

☐ ☐ ☐ ☐ Hospitalized for this illness

Hospital name _____

Admit date ____/____/____ Discharge date ____/____/____

Y N DK NA

☐ ☐ ☐ ☐ Died from illness Death date ____/____/____

☐ ☐ ☐ ☐ Autopsy Place of death _____

Laboratory

Collection date ____/____/____

Source _____

P = Positive O = Other
N = Negative NT = Not Tested
I = Indeterminate

Clinical Findings

Y N DK NA

☐ ☐ ☐ ☐ **Diphasic fever**

☐ ☐ ☐ ☐ **Kidney (renal) abnormality or failure**

☐ ☐ ☐ ☐ Hematuria

☐ ☐ ☐ ☐ **Jaundice**

☐ ☐ ☐ ☐ **Conjunctival suffusion**

☐ ☐ ☐ ☐ Elevated CSF protein

☐ ☐ ☐ ☐ Elevated CSF cell count

☐ ☐ ☐ ☐ Myalgia

☐ ☐ ☐ ☐ **Rash observed by health care provider**

Rash Distribution: _____

☐ Generalized ☐ Localized ☐ Macular

☐ Papular ☐ Pustular ☐ Vesicular

☐ On palms and soles ☐ Bullous

☐ Other: _____

☐ ☐ ☐ ☐ Meningitis

☐ ☐ ☐ ☐ Hemorrhagic signs

☐ ☐ ☐ ☐ Hematologic disease

☐ ☐ ☐ ☐ Septic shock

☐ ☐ ☐ ☐ Other clinical findings consistent with illness

Specify: _____

☐ ☐ ☐ ☐ Admitted to intensive care unit

Days in ICU: _____

P N I O NT

☐ ☐ ☐ ☐ ☐ **Leptospira culture (clinical specimen)**

☐ ☐ ☐ ☐ ☐ **Leptospira antibodies with ≥ 4 -fold rise (serum pair, ≥ 2 wks apart at same lab)**

☐ ☐ ☐ ☐ ☐ **Leptospira immunofluorescence**

☐ ☐ ☐ ☐ ☐ **Leptospira antibodies elevated but < 4 -fold rise (probable)**

NOTES

INFECTION TIMELINE

Enter onset date (first sx) in heavy box. Count backward to determine probable exposure period

Exposure period
Days from onset: -19 -4

o
n
s
e
t

Calendar dates:

EXPOSURE* (Refer to dates above)

Y N DK NA

☐ ☐ ☐ ☐ Travel out of the state, out of the country, or outside of usual routine
Out of: ☐ County ☐ State ☐ Country

Destinations: _____

Date left: _____

Date returned: _____

☐ ☐ ☐ ☐ Case knows anyone with similar symptoms

☐ ☐ ☐ ☐ **Epidemiologic link to a confirmed human case**
☐ ☐ ☐ ☐ Known contaminated food product

☐ ☐ ☐ ☐ Contact with animal carcass

Dates/exposure: _____

☐ ☐ ☐ ☐ Source of drinking water known

☐ Individual well ☐ Shared well

☐ Public water system ☐ Bottled water

☐ Other: _____

☐ ☐ ☐ ☐ Drank untreated/unchlorinated water (e.g. surface, well)

☐ ☐ ☐ ☐ Recreational water exposure (e.g. lakes, rivers)

Name/location _____

Y N DK NA

☐ ☐ ☐ ☐ Motorcycle/bicycle riding in wet conditions

☐ ☐ ☐ ☐ Exposure to water runoff, puddles, etc

☐ ☐ ☐ ☐ Exposure to flooding conditions

☐ ☐ ☐ ☐ Exposure to wet soil, vegetation

☐ ☐ ☐ ☐ Wildlife or wild animal exposure

Specify: _____

☐ ☐ ☐ ☐ Contact with animal excreta (urine)

☐ ☐ ☐ ☐ Wild rodent or wild rodent excreta exposure

Where rodent exposure probably occurred: _____

☐ ☐ ☐ ☐ Farm or dairy residence or work

☐ ☐ ☐ ☐ Work with animals or animal products (e.g. research, veterinary medicine, slaughterhouse)
Specify animal: _____

☐ ☐ ☐ ☐ Exposure to pets
Was the pet sick ☐ Y ☐ N ☐ DK ☐ NA
☐ ☐ ☐ ☐ Zoo, farm, fair or pet shop visit

Where did exposure probably occur? ☐ In WA (County: _____) ☐ US but not WA ☐ Not in US ☐ Unk

Exposure details: _____

☐ No risk factors or exposures could be identified

☐ Patient could not be interviewed
PATIENT PROPHYLAXIS / TREATMENT

Y N DK NA

☐ ☐ ☐ ☐ Antibiotics prescribed for this illness Antibiotic name: _____

Date antibiotic treatment began: ____/____/____ # days antibiotic actually taken: ____

PUBLIC HEALTH ISSUES

Y N DK NA

☐ ☐ ☐ ☐ Related to animal carcass source

☐ ☐ ☐ ☐ Contaminated swimming water
PUBLIC HEALTH ACTIONS
☐ Initiate trace-back investigation

☐ Report to Department of Agriculture

☐ Patient education regarding risk factors

☐ Proper animal carcass disposal education

☐ Notify others sharing exposure

☐ Biohazard protocol

☐ Other, specify: _____
NOTES

Investigator _____

Phone/email: _____

Investigation complete date ____/____/____

Local health jurisdiction _____

Record complete date ____/____/____